



Application for Sign Permit

Applicant to complete Sections I-V (pages 1-2)

I. Project & Owner Information			
Project Address		Zoning District	
Owner's Name	Phone	E-Mail	
Owner's Address	City	State	Zip

II. Information	
<p>Instructions to Applicant:</p> <p>A sketch of the proposed sign(s) showing dimensions and area is required for all sign permits. For all wall signs, a sketch of the frontage(s) on which the proposed sign(s) will be placed is required, depicting the location of the sign on the building. For all proposed or modified freestanding signs, a site plan showing the location of the proposed sign(s) in relation to the building and lot lines is also required. Applicants are encouraged to visit the Building & Zoning department for any assistance needed in filling out the form.</p> <p>For Electrical Signs:</p> <p>In addition to approval of the sign permit by the Planning & Zoning, an electrical permit is required and must be approved by the Electrical Inspector for electric signs.</p>	

III. Description of Signage:			
<p>Proposed Sign is:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> New Sign <input type="checkbox"/> Addition to Existing Sign <input type="checkbox"/> Replacement of Existing Sign </div> <p>Type OF Sign (check one in each column)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Free Standing <input type="checkbox"/> Projecting <input type="checkbox"/> Wall (height of placement) _____ <input type="checkbox"/> LED <input type="checkbox"/> Other _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Business <input type="checkbox"/> Real Estate <input type="checkbox"/> Identification <input type="checkbox"/> Subdivision <input type="checkbox"/> Construction <input type="checkbox"/> Other </td> </tr> </table> <p>Illumination:</p> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div> <p>Amount of building frontage of establishment: _____ Lin. Ft (1 Sq. Ft per 2 Lin. Ft of Bldg) _____ Sq Ft. allowed.</p> <p>Total Sq. Ft. of all proposed graphics, including this proposed graphic and any existing graphic on bldg frontage where proposed graphics is to be displayed _____ Sq Ft. Total Free Standing _____ Total on Bldg face _____</p>		<input type="checkbox"/> Free Standing <input type="checkbox"/> Projecting <input type="checkbox"/> Wall (height of placement) _____ <input type="checkbox"/> LED <input type="checkbox"/> Other _____	<input type="checkbox"/> Business <input type="checkbox"/> Real Estate <input type="checkbox"/> Identification <input type="checkbox"/> Subdivision <input type="checkbox"/> Construction <input type="checkbox"/> Other
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<p>Addition to Existing Signage requires the following Information:</p> <p>Total Existing Signage _____ Total Square Ft.</p> <p>Size of Existing Freestanding Signage</p> <p>Sign Height: _____ Width _____ Total Sign Area Sign H x W = _____ Sq. Ft.</p> <p>Base Height: _____ Total Height (sign height + base height) = _____ Ft.</p>	
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Size of Proposed New Sign:				
Sign Height: _____		Width _____		Total Sign Area Sign H x W = _____ Sq. Ft.
Base Height: _____		Total Height (sign height + base height) = _____ Ft.		
Does Sign include changeable copy				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
III. Construction Valuation				
Total Cost of Project \$ _____				
IV. Designated Responsible Party for Payment of Permit Fee				
Role in Project (i.e. Sign contractor, owner etc.)				
Name		Company		
Address		City		
Phone	Fax	E-Mail		
Permit #	Receipt #	Permit Fee \$		
V. Contractors / Design Professionals (if applicable)				
A. Sign Contractor				
				Lic. #
Contact Person		Company		
Address		City	St.	Zip
Phone/Fax			E-Mail	
B. Electrical Contractor, other than Sign Contractor (City License & Separate Permit Required)				
Applicant if other than Owner: <input type="checkbox"/> Contractor <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Contact Buyer <input type="checkbox"/> Other Provide Legal Address, phone & signature of applicant to affirm the above statement				
Name		Title		
Company		Phone		
Street Address		City	St.	Zip
Signature		Date		
Application accepted by		Date		
Special Dispensation:				

Work authorized under permit must be complete with 6 months

Sign Located in Zone District _____

Application approved by _____ Date: _____